



## 2009 Principal Combined Fund Drive Instructions

Pursuant to the legal authority of Government Code section 13923 and Title 2, California Code of Regulations, section 633.9, the Victim Compensation and Government Claims Board (VCGCB) reviews applications from organizations to (1) be included, by name, in the literature distributed during the 2009 CSECC and (2) receive contributions that State officers and employees may designate to the organization.

**These instructions are to assist you in ensuring that your organization provides all the information necessary for the VCGCB's review and approval of your application.**

### FILING DEADLINE

Applications must be postmarked no later than **March 2, 2009.**

All applications must be **complete** and filed by the deadline in order to be considered. Applications received with a postmark after the deadline may be denied.

- Facsimile applications **will not be** accepted. Photocopies of the application are acceptable only with a new, **original** signature.
- Any blank areas may result in the application being returned for incompleteness. If an item does not apply to the organization, write "n/a."

### REQUIRED DOCUMENTS

Applicants are required to provide a copy of their organization's **IRS 501(c)(3) exemption letter** every two years or if there is a change to the exemption. If this document is required, it will be clearly indicated on the first page of the application.

The following documentation is required from **all** applicants:

- 501(c)(3) exemption letter from the Internal Revenue Service (IRS) **AND**
- If the organization name does not match the name stated on the 501(c)(3) exemption letter, then the following is also required:
  - Fictitious Business Name Statement  
AND
  - Copy of the Amendment to the Articles of Incorporation  
OR
  - Copy of the amended IRS 501(c)(3) exemption letter  
OR
  - Other legal documentation verifying the name change.

### **FORM INSTRUCTIONS**

Place an "X" next to the appropriate box to indicate if your organization is a "New Applicant" or "Previous Participant."

### SECTIONS

#### **A. ORGANIZATION NAME**

##### **Legal Name**

- The legal name of the organization, as indicated on the 501(c)(3) exemption letter, must be provided in this section.

##### **Other Name**

- If the organization name does not match the name on the 501(c)(3) exemption letter, is known by another name or would like contributions directed to a specific program within the organization, please complete this section by placing an "X" next to the appropriate box. **Supporting documentation must be submitted with the application for organization name changes.**
- If the organization is doing business as ("D.B.A."), appropriate documentation must be included (for example a D.B.A. statement, Amendment to the Articles of Incorporation, a fictitious business name statement). Please indicate "D.B.A." by placing an "X" next to the appropriate box.
- If the organization is also known as ("A.K.A.") another name, but has not legally changed the name, please indicate "A.K.A." by placing an "X" next to the appropriate box.

#### **B. PHYSICAL ADDRESS AND MAILING INFORMATION**

##### **Physical Address**

All applicants must provide a valid and current physical address.

##### **Mailing Address**

The mailing address provided may be posted on the VCGCB website and appear in the CSECC Donor Resource Guide.

Please write "Same" if the mailing address is the same as the physical address.

#### **C. CONTACT INFORMATION**

Provide the contact information for the staff member at the organization who will be the primary contact for the 2009 CSECC.

- Information provided in this section may be posted on the VCGCB website and appear in the CSECC Donor Resource Guide.

#### D. AFFILIATE INFORMATION

Provide the number of affiliate applications included with your PCFD application.

- Carefully check each attached affiliate application to ensure that it is complete and accurate.
- All applications should be mailed to the VCGCB in **alphabetical order**.

#### E. FEES AND EXPENSES

Specify the proposed fee, as a percentage of contributions received, to be charged to affiliates and nonaffiliated beneficiaries (non-affiliates) for reimbursement of PCFD fundraising and administrative expenses: (Note: Organizations submitting fees in excess of 18% must submit an explanation justifying the need for a higher percentage.)

- Suggested simple formula for obtaining your organization's percentage: From your I.R.S. 990 form: add line 14 and 15, and then divide by line 12.

Provide the total dollars raised for the previous year's CSECC.

Provide the total dollars raised for the year, including the CSECC.

#### F. DESCRIPTION OF ACTIVITIES

Provide a statement (25 word maximum) describing the organization's activities. Statements exceeding 25 words will be edited by the VCGCB.

- Do not include the name of the organization, phone number, website or e-mail address as they will already be listed.
- This statement may be posted on the VCGCB website and printed in the CSECC Donor Resource Guide.

#### G. AREAS OF SOLICITATION

Place an "X" in the box next to the county(ies) in which this organization wishes to solicit donations.

#### CONDITIONS FOR APPROVAL

After carefully reading this section, **sign and date the application**. Print or type the name of the authorized officer and his/her title.

An "authorized officer" may be anyone in your organization with the delegated authority to sign on behalf of the organization. **Stamped, faxed or copies of signatures will not be accepted.**

## IMPORTANT

Organizations may submit only one application. If a duplicate application is received, the organization will be notified that only one application may be accepted.

This application must be received by the VCGCB no later than the **March 2, 2009**, filing deadline.

**Send completed applications and required documentation by U.S. Postal Service to:**

**Victim Compensation and Government Claims Board  
Attn: CSECC / Marilyn Louie  
P.O. Box 48  
Sacramento, CA 95812-0048**

For more information about CSECC and answers to frequently asked questions, please visit [www.vcgcb.ca.gov/csecc](http://www.vcgcb.ca.gov/csecc).

# CSECC CALIFORNIA STATE EMPLOYEES CHARITABLE CAMPAIGN

Administered by the Victim Compensation and Government Claims Board

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2009 Principal Combined Fund Drive Application  
FILING DEADLINE: March 2, 2009

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## Organization Status (Required)

- ☐ New Applicant  
☐ Previous Participant

## Federal Tax Identification Number:

(Current and valid ID number required)

## IMPORTANT

- ☒ A copy of IRS 501(c)(3) **must be submitted** for this organization.  
☐ A copy of IRS 501(c)(3) is not required for this organization.

- Participating organizations must submit a copy of the organization's IRS 501(c)(3) tax exemption letter every two years. This requirement will be clearly specified above.
- New applicants **must** submit a copy of the organization's IRS 501(c)(3) tax exemption letter with this application.
- If the name on the IRS 501(c)(3) tax exemption letter **does not match** the organization name below, proper documentation must be included authorizing a legal name change. (See instructions for examples of acceptable documentation.)
- If the organization is doing business as ("D.B.A."), appropriate documentation must be included. (See instructions.)

## A. ORGANIZATION NAME

**LEGAL NAME** (must match name on IRS 501(c)(3); proper documentation must be submitted to authorize any name change)

**OTHER NAME** (if same as above, please write "same")

☐ D.B.A ☐ A.K.A ☐ Program Name

## B. PHYSICAL ADDRESS AND MAILING INFORMATION

**PHYSICAL ADDRESS** (Required for all applicants)

Address – No P.O. Boxes

City

State

Zip Code

**MAILING ADDRESS** Note: This address may be posted on the VCGCB website and appear in the CSECC Donor Resource Guide

Address (Please write "Same" if mailing address is the same as the above physical address)

City

State

Zip Code

## C. CONTACT INFORMATION

Provide the contact information for the organization member who will be the **primary contact** for the campaign year. (This information may be posted on the VCGCB website and in the CSECC Donor Resource Guide.)

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Title: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Website: \_\_\_\_\_

## D. AFFILIATE INFORMATION

\_\_\_\_\_ Indicate the **number of affiliate member agencies**, represented by this organization, that are applying for the 2009 CSECC.

## E. FEES AND EXPENSES

Indicate your organization's proposed fees below. The fees to be charged to affiliate member agencies and non-affiliate agencies should be based on a percentage of the contributions received. The fees are intended as reimbursement of PCFD fundraising and administrative expenses for the CSECC.

**Note:** A justification must be submitted with this application for non-affiliate or affiliate total fees in excess of 18%.

AFFILIATE MEMBER AGENCIES		NON-AFFILIATE AGENCIES	
Fundraising	%	Fundraising	%
Administration	%	Administration	%
TOTAL <small>A justification must be submitted with this application for total fees in excess of 18%.</small>	%	TOTAL <small>A justification must be submitted with this application for total fees in excess of 18%.</small>	%

Indicate the total amount your organization raised for the CSECC in the previous year.

\$ \_\_\_\_\_  
Please round to the nearest whole dollar.

Indicate the total amount your organization raised for the previous year, including the CSECC.

\$ \_\_\_\_\_  
Please round to the nearest whole dollar

## F. DESCRIPTION OF ACTIVITIES

The information provided in this section may be posted on the VCGCB website and in the CSECC Donor Resource Guide. Statements exceeding the maximum word length will be edited.

**New Applicants:** Please provide a statement (25-word maximum) describing your organization's activities.

**Do not** include the name of your organization, phone number, website or e-mail address in your statement, as they will already be listed.

**Previous Applicants:** If no statement is below, please provide a new statement (25-word maximum). If your organization's statement has been provided, modifications can be made by lining out text and indicating the requested revision or by attaching a separate page.

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## G. AREAS OF SOLICITATION

Indicate in which county(ies) this PCFD normally solicits contributions by placing an "X" in the adjacent box.

- |                                       |                                      |                                    |  |  |                                   |
|---------------------------------------|--------------------------------------|------------------------------------|--|--|-----------------------------------|
| <input type="checkbox"/> Alameda      | <input type="checkbox"/> Glenn       | <input type="checkbox"/> Marin     | <input type="checkbox"/> Placer          | <input type="checkbox"/> San Mateo     | <input type="checkbox"/> Sutter   |
| <input type="checkbox"/> Alpine       | <input type="checkbox"/> Humboldt    | <input type="checkbox"/> Mariposa  | <input type="checkbox"/> Plumas          | <input type="checkbox"/> Santa Barbara | <input type="checkbox"/> Tehama   |
| <input type="checkbox"/> Amador       | <input type="checkbox"/> Imperial    | <input type="checkbox"/> Mendocino | <input type="checkbox"/> Riverside       | <input type="checkbox"/> Santa Clara   | <input type="checkbox"/> Trinity  |
| <input type="checkbox"/> Butte        | <input type="checkbox"/> Inyo        | <input type="checkbox"/> Merced    | <input type="checkbox"/> Sacramento      | <input type="checkbox"/> Santa Cruz    | <input type="checkbox"/> Tulare   |
| <input type="checkbox"/> Calaveras    | <input type="checkbox"/> Kern        | <input type="checkbox"/> Modoc     | <input type="checkbox"/> San Benito      | <input type="checkbox"/> Shasta        | <input type="checkbox"/> Tuolumne |
| <input type="checkbox"/> Colusa       | <input type="checkbox"/> Kings       | <input type="checkbox"/> Mono      | <input type="checkbox"/> San Bernardino  | <input type="checkbox"/> Sierra        | <input type="checkbox"/> Ventura  |
| <input type="checkbox"/> Contra Costa | <input type="checkbox"/> Lake        | <input type="checkbox"/> Monterey  | <input type="checkbox"/> San Diego       | <input type="checkbox"/> Siskiyou      | <input type="checkbox"/> Yolo     |
| <input type="checkbox"/> Del Norte    | <input type="checkbox"/> Lassen      | <input type="checkbox"/> Napa      | <input type="checkbox"/> San Francisco   | <input type="checkbox"/> Solano        | <input type="checkbox"/> Yuba     |
| <input type="checkbox"/> El Dorado    | <input type="checkbox"/> Los Angeles | <input type="checkbox"/> Nevada    | <input type="checkbox"/> San Joaquin     | <input type="checkbox"/> Sonoma        |                                   |
| <input type="checkbox"/> Fresno       | <input type="checkbox"/> Madera      | <input type="checkbox"/> Orange    | <input type="checkbox"/> San Luis Obispo | <input type="checkbox"/> Stanislaus    |                                   |

**SPECIFIC REGIONS** (if one or more of the counties selected above is not entirely served by this organization, indicate the specific region below)

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## CONDITIONS FOR APPROVAL

By signing this application, the organization applying to participate in the 2009 CSECC agrees to the following conditions:

We agree that:

- 1) We will provide all State officers and employees, in the designated PCFD area of solicitation, with a payroll deduction authorization form and:
  - a. A list of the approved 2009 CSECC affiliate member agencies and non-affiliate organizations in the PCFD area of solicitation;
  - b. Information about the VCGCB-approved fees to be charged to affiliate member agencies and non-affiliate organizations for reimbursement of PCFD fundraising and administrative expenses;
  - c. A form on which State officers and employees may designate contributions to an affiliate member agency, non-affiliate or any qualified non-profit organization(s).
- 2) We will pay the contributions, as designated by any State officer or employee, to any charitable organization qualified as "exempt" under both Section 23701(d) of the California Revenue and Taxation Code and Section 501(c)(3) of the United States Internal Revenue Code of 1954, after deducting the VCGCB-approved fees for reimbursement of PCFD fundraising and administrative expenses.
- 3) We will pay the State of California's cost of establishing charitable contribution-related payroll deductions and remitting the proceeds, as determined by the State Controller and the VCGCB.
- 4) We shall hold harmless the State of California, including but not limited to its officers and employees, from any liability that may result from making, canceling, or changing any requested payroll deduction, in consideration for and as a condition of the State Controller withholding and transmitting payroll deductions, as authorized by California Government Code Section 1151(f).

We acknowledge that:

- 1) This application, with an original signature, must be complete, postmarked and received no later than the March 2, 2009, filing deadline specified by the VCGCB.
- 2) If the VCGCB requests information to support certification of eligibility, the information will be furnished promptly. The burden of demonstrating eligibility shall rest with the applicant

We certify under penalty of perjury that:

- 1) We are currently a charitable organization qualified as "exempt" under Section 23701(d) of the California Revenue and Taxation Code and paragraph (3) of subsection (c) of Section 501 of the United States Internal Revenue Code of 1954; and
- 2) We are in compliance with the provisions of the California Fair Employment and Housing Act, Part 2.8 (commencing with Government Code section 12900).
- 3) Our organization's fundraising and administrative fees are less than 18% of our total revenue or if these expenses exceed 18%, we certify that the actual expenses for those purposes are reasonable under all circumstances and a justification and explanation to that effect is attached.
- 4) Our organization, its Board Members and Executive Officers are not in violation of the laws and regulations of any State of California or federal laws and regulations.
- 5) We have completed this application, and to the best of our knowledge, all of the answers and information are true, correct and complete.
- 6) We further acknowledge that the VCGCB may elect to de-certify an organization after approval that makes a false certification and/or engages in illegal activity.

### SIGNATURE

Original Signature of the organization's authorized officer (ink only - no photocopies)

Date

Printed/typed name and title of organization's authorized officer

Send completed application and required documentation by U.S. Postal Service to:

Victim Compensation and Government Claims Board

Attn: CSECC / Marilyn Louie

P.O. Box 48

Sacramento, CA 95812-0048

For more information about CSECC and answers to frequently asked questions, please visit [www.vcgcb.ca.gov/csecc](http://www.vcgcb.ca.gov/csecc).